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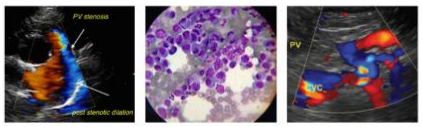

SonoPath
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Tolley Tannahill

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

2 Years

WEIGHT

14.6 Lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

13475

DATE

1/17/22

PRESENTING CLINICAL SIGNS

History: Treated for diarrhea after having watery stools on walks for a few weeks. Owner had tried probiotics and pumpkin without success. BW was unremarkable except Elevated ALT. She was treated with metronidazole and denamarin. Symptoms resolved but when we rechecked liver values the ALT had further risen. Clinically Tolly is doing great and is in good body condition.
Abnormal PE/Chem/CBC/UA Results: ALT 190 12/17/2021 ALT 237 1/17/2022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.4 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole and 0.35 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width at the caudal pole and 0.61 cm width at the cranial pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were subjectively normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized gallbladder debris. The gallbladder was otherwise normal without evidence of inflammatory wall changes. No evidence of peripheral inflammation around the gallbladder. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.36 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.34 cm. The jejunum wall measured 0.29 cm.

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Normal visible colon wall layers were present with formed feces in lumen at the time of the ultrasound.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Intermittent focal, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.77 cm in diameter. No effusion was present. The omentum exhibited uniform normal echogenicity.

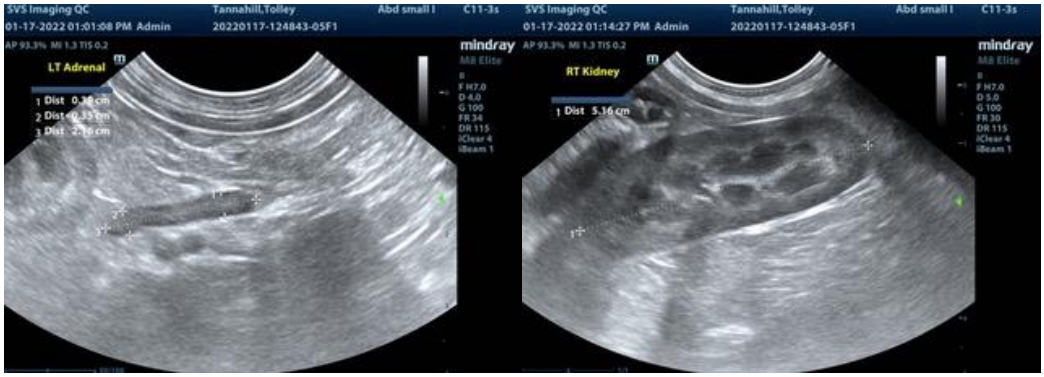
ULTRASONOGRAPHIC FINDINGS

- Low-grade hepatopathy
- Mild nonorganized gallbladder debris
- Intermittent subjectively benign/reactive mesenteric lymph nodes- potential persistent hyperplasia or minor reactive lymphadenitis owing to recent or resolving inflammatory bowel episode

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

The overall presentation of the liver was nonspecific. Considerations may include low-grade inflammatory hepatopathy given the ALT elevation, while the possibility of portal hypoplasia/microvascular dysplasia cannot be excluded. No evidence of portosystemic shunt. Given the low-grade ALT elevation at this time, hepatosuportive medications, including Denamarin with continued monitoring of ALT level would be appropriate. Bile acid testing could be considered for further assessment, although hepatic functionality is likely normal, assuming normal BUN, glucose, albumin and cholesterol levels. Antibiotic responsive diarrhea/dysbiosis, dietary intolerance/food hypersensitivity, occult parasitism or other structurally insignificant enterocolonopathy may be considered if recurring gastrointestinal signs.



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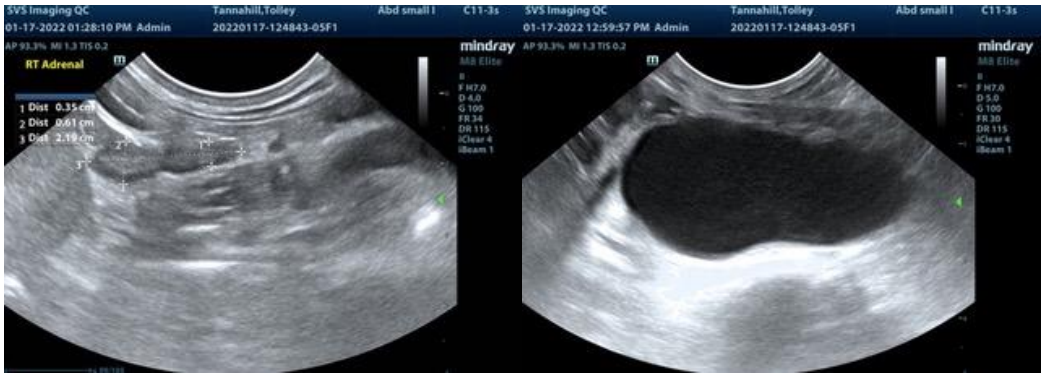

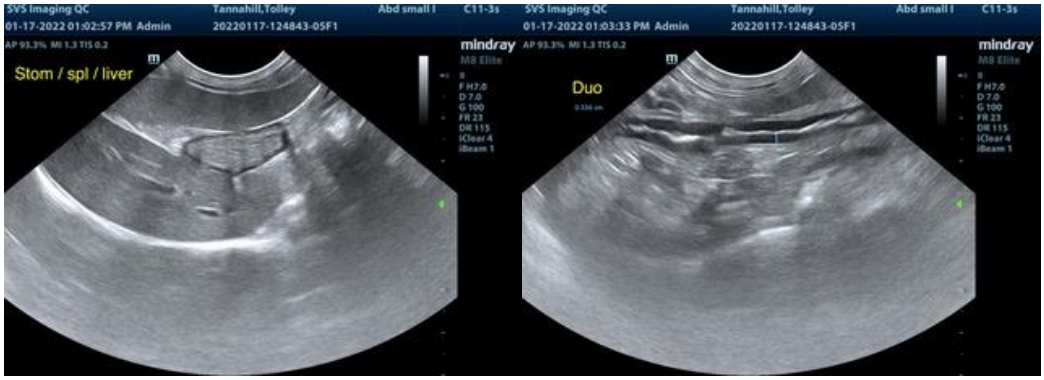

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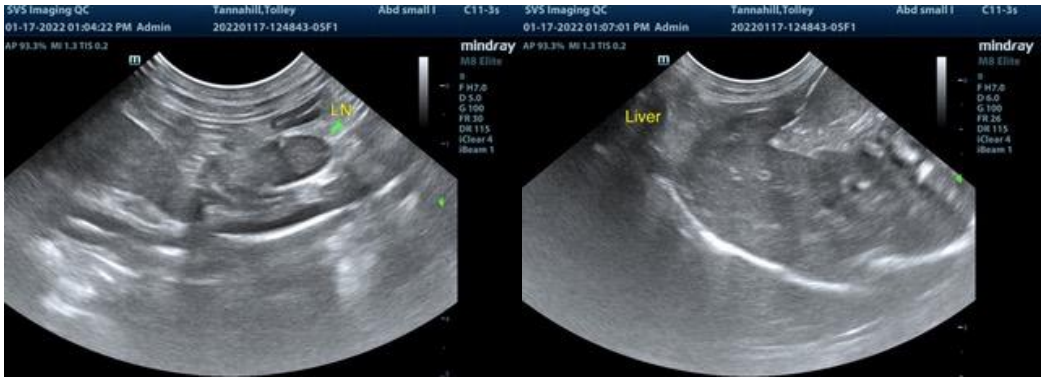

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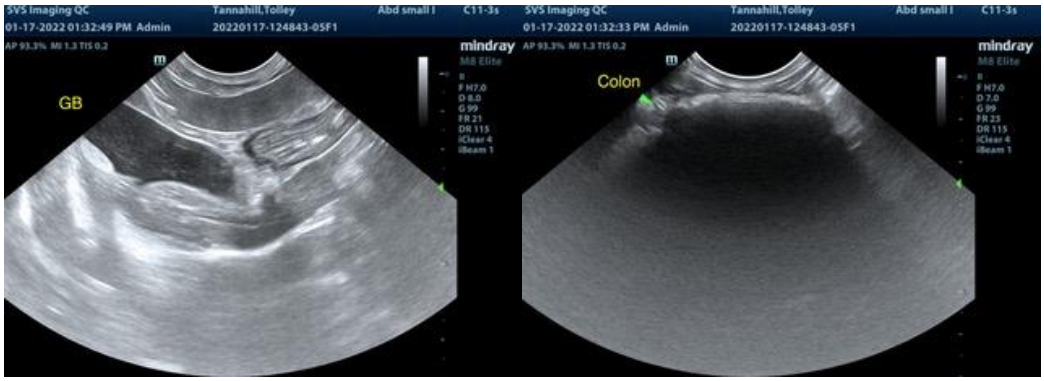

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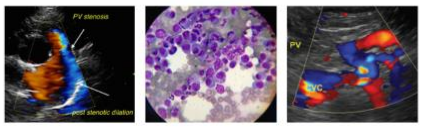

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com